

Agenda Item #13.B.4.



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS

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DATE: February 6, 2013

TO: Board Members

FROM: 
Pam Hinckley, R. N., M.S.N.
Nursing Education Consultant

SUBJECT: Medical Allied Career Center, Vocational Nursing Program – Request to Admit Students (Director: Alfie Ignacio, Santa Fe Springs, Los Angeles County, Private)

On September 16, 2010, the Board placed the program on provisional approval for the two-year period from September 16, 2010, through September 30, 2012. This action was taken due to the program's noncompliance with Section 2530 (l) of the Vocational Nursing Rules and Regulations. On September 6, 2012, the Board extended the program's provisional approval status for the one (1) year period from September 6, 2012, through September 30, 2013.

On September 6, 2012, the Board **extended** Provisional Approval for Medical Allied Career Center's for a one (1) year period from September 6, 2012, through September 30, 2013,

The Medical Allied Career Center Vocational Nursing Program requests approval to admit a full-time, class of 20 students commencing on March 4, 2013. The proposed class is projected to graduate April 4, 2014. This class will **replace** the class that will graduate December 2, 2012.

Additionally, the program requests approval to admit a part-time, evening, class of 20 students commencing March 4, 2013. The proposed class is projected to complete program requirements October 19, 2014. This class will **replace** a class that graduated August 7, 2011.

History of Prior Board Actions

(See Attachment A for History of Prior Board Actions from April 12, 2005 through December 28, 2012.)

Enrollment

The program offers a full – time course of instruction that is 52 weeks in length and a part - time course of instruction that is 72 weeks in length. Currently, the program must have Board approval prior to the admission of full – time and part – time classes.

The following table represents **current and proposed** student enrollment based on class starts and completions. The table indicates a **maximum enrollment of 73 students** for the period from **December 2009 through July 2013**.

| ENROLLMENT DATA | | | | |
|----------------------------|-----------------------------|-----------------------|--------------------------------------|-------------------|
| CLASS DATES | | #Students Admitted | #Students Current or Completed | Total Enrolled |
| Start | Complete | | | |
| 12/09 (PT) Eve | | 8 | 7 | 7 |
| 4/10 (FT) Day | | 8 | 6 | 7 + 6 = 13 |
| 9/11 (FT) Day | | 15 | 13 | 13 + 13 = 26 |
| | 9/11 (4/10 FT Class) | | - 6 | 26 - 6 = 20 |
| | 8/11 (12/09 PT Class) | | -7 | 20 - 7 = 13 |
| 10/11 (FT) | | 10 | 7 | 13 + 7 = 20 |
| 05/12 (FT) (Unapproved) | | 13 | 13 | 20 + 13 = 33 |
| 3/13 FT (Proposed) | 4/14 | 20 | | 33 + 20 = 53 |
| 3/13 PT (Proposed) | 10/14 | 20 | | 53 + 20 = 73 |
| | 12/12 (10/11 FT Class) | | -7 | 73 - 7 = 66 |
| | 5/13 (9/11 FT Day Class) | | -13 | 66 - 13 = 53 |
| | 7/13 (05/12 FT Class) | | -13 | 53 - 13 = 40 |

Licensing Examination Statistics

The following statistics, furnished by Pearson VUE, and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction," for the period April 2008 through June 2012, specify the pass percentage rates for graduates of Medical Allied Career Center Vocational Nursing Program on the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®).

| NCLEX-PN® Licensure Examination Data | | | | | | | |
|---|----------------------|----------|----------|---------------------------|----------------------------------|--------------------------------|--|
| Quarterly Statistics | | | | | Annual Statistics* | | |
| Quarter | # Candidates | # Passed | % Passed | State Quarterly Pass Rate | Program Average Annual Pass Rate | State Average Annual Pass Rate | Variance from State Average Annual Pass Rate |
| Apr – Jun 2008 | 1 | 0 | 0% | 0% | 67% | 75% | -8 |
| Jul – Sep 2008 | 3 | 0 | 0% | 70% | 33% | 74% | -41 |
| Oct – Dec 2008 | No Candidates Tested | | | 73% | 33% | 73% | -40 |
| Jan – Mar 2009 | No Candidates Tested | | | 70% | 0% | 72% | -72 |
| Apr – Jun 2009 | 5 | 1 | 20% | 71% | 13% | 70% | -57 |
| Jul – Sep 2009 | 3 | 1 | 33% | 74% | 25% | 72% | -47 |
| Oct – Dec 2009 | 3 | 2 | 67% | 76% | 36% | 73% | -37 |
| Jan – Mar 2010 | 2 | 0 | 0% | 76% | 31% | 74% | -43 |
| Apr – Jun 2010 | 1 | 1 | 100% | 74% | 44% | 75% | -39 |
| Jul – Sept 2010 | 2 | 1 | 50% | 76% | 50% | 75% | -25 |
| Oct – Dec 2010 | 2 | 2 | 100% | 77% | 57% | 76% | -19 |
| Jan – Mar 2011 | 1 | 0 | 0% | 80% | 67% | 77% | -10 |
| Apr – Jun 2011 | 1 | 1 | 100% | 71% | 67% | 76% | -9 |
| Jul – Sept 2011 | 1 | 0 | 0% | 76% | 60% | 74% | -14 |
| Oct – Dec 2011 | No Candidates Tested | | | 74% | 33% | 75% | -42 |
| Jan – Mar 2012 | 2 | 0 | 0% | 77% | 25% | 74% | -49 |
| Apr – Jun 2012 | 3 | 2 | 67% | 72% | 33% | 74% | -41 |
| Jul – Sep 2012 | 1 | 1 | 100% | 74% | 50% | 74% | -41 |
| Oct – Dec 2012 | 3 | 2 | 67% | 70% | 56% | 74% | -18 |
| *The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available. | | | | | | | |

This data substantiates the program's **noncompliance** with Section 2530 (l) of the Vocational Nursing Rules and Regulations for the period **October 2008 through December 2010, January 2011 through March 2011, and July 2011 through March 2012** and **compliance** for the periods **April 2012 through December 2012**.

Based on the most recent data available (October through December 2012), the program's average annual pass rate is **56%**. The California average annual pass rate for graduates from accredited vocational nursing programs who took the NCLEX-PN® for the first time during the same period is 74%. The pass rate for the Medical Allied Career Center, Vocational Nursing Program is **18** percentage points **below** the state average annual pass rate.

Faculty and Facilities

Section 2534(d) of the Vocational Nursing Rules and Regulations states:

"For supervision of clinical experience, there shall be a maximum of 15 students for each instructor."

The number of Board approved faculty totals twelve (12), including the program director. The director has 75% administrative responsibility and 25% teaching. Of the total faculty, twelve (12) are approved to teach in the clinical area.

Based on a maximum enrollment of 73 students, five (5) instructors are needed. Therefore, the number of current faculty is adequate for the current and proposed enrollment.

Section 2534 (b) of the Vocational Nursing Rules and Regulations states:

"Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2533. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences consistent with competency-based objectives and theory being taught."

The program has clinical facilities that are adequate as to type and variety of patients treated to enable current and proposed students to meet clinical objectives, in accordance with Section 2534 (b) of the Vocational Nursing Rules and Regulations. The adequacy of clinical facilities has been verified by the consultant.

Other Considerations

On August 6, 2012, a new program director was approved by the Board.

On September 19, 2012, the Board forwarded to the director the Notice of Change in Approval Status. (See Attachment B)

On December 26, 2012, the program submitted the comprehensive analysis per requirements specified in Board actions at the September 6, 2012 Board meeting. The following elements were identified (see Attachment C):

➤ Leadership –

- Problems: Deficiencies were identified relative to lack of supervisory management. Specifically, some instructors were not following the instructional plan, failure to provide faculty with leadership relevant to classroom management and failure of management to share the results of student evaluations with instructors.
- Plan: The new director's plan to correct the deficiencies includes consistent evaluations of new and current faculty, announced and

unannounced classroom and clinical site visits, monthly in-service meetings on teaching methods and effectiveness.

➤ Strategic Planning –

- Terminal Objectives: Deemed appropriate.
- Comprehensive Skills Checklist – Comprehensive checklist developed and implemented October 2012.
- Innovative strategies will include use of simulation labs to reinforce clinical concepts.
- Increased use of HESI testing and passing score increased from 850 to 900.
- ATI comprehensive exit testing. Passing score is 95%.
- Curriculum Objectives – no problem found with the objectives; however, a problem was found with instructors sharing these consistently with students. As such, students frequently were confused and unable to achieve the objectives. Plan: Course syllabus and itinerary will be given to students at the beginning of each term.
- Admission Criteria – Utilization of TEAS entrance exam has been being utilized and is deemed appropriate. The new director added a potential student interview in order to assess the level of student's readiness for the rigors of the program.
- Screening and Selection Criteria – students with nursing or medical background will be given preference for admission. No other changes were made.
- Evaluation of Student Achievement – Implementation of a grading system for student performance in clinical.
- Instructional Plan – A new instructional plan is in the process of being revised.
- Textbooks – updated.
- Lesson Plans – Instructors were not consistently using lesson plans. Plan included copies of new lesson plans were issued and instructors are expected to adhere to them.
- Attendance Policy – Students were not required to make up absences. All absences must be made up currently. Instructors are responsible for enforcing remediation.
- Clinical Evaluation of theory to clinical – Monthly faculty meetings are held to enforce theory to clinical correlation.

On December 13, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider by December 28, 2012.

On December 28, 2012, the director submitted eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider. The following elements were included (see Attachment D):

- The director indicated that he had submitted a revised curriculum. Note: this curriculum is not approved, to date.
- Admission and Screening was revised to find the best qualified candidates.
- Increased faculty and clinical sites.
- Developed an in-house NCLEX review.
- Hired a full-time tutor.
- Purchased HESI case studies and practice exams to assist students in preparing for the licensure exam. Exit exam passing score was increased from 850 to 900.
- In the process of securing additional square footage for additional classroom, lab and office space.
- Developed a patient simulation laboratory.

Recommendations:

1. Approve Medical Allied Career Center's request to admit a full-time, class of 20 students commencing on March 4, 2013, graduating on April 4, 2014, only. This class would **replace** the class that graduated December 2, 2012.
2. Approve the program's request to admit a part-time, evening class of 20 students commencing March 4, 2013 graduating October 19, 2014. This class would **replace** a class that graduated October 7, 2011.
3. Require the program to admit no additional classes without prior approval by the full Board.

Rationale: The program was placed on provisional approval for a two (2) year period at the September 16, 2010 Board meeting. On September 6, 2012, the Board extended the program's provisional approval for an additional one (1) year period through September 2013. At that time, the program's average annual licensure pass rate was 33%. Since that time, the average annual pass rate has increased to 56%. As such, this is an increase of 25 percentage points. Based on the increase in the licensure pass rates the requested classes are recommended.

A new program director was approved by the Board on August 6, 2012. The program submitted a comprehensive analysis that appears to address the program's problems. The new director should continue to monitor identified problems to ensure continued increased licensure performance. Currently 26 students are enrolled in classes. The addition of 40 new students would give the program 66 students until May 2013 when 13 students will graduate.

- Attachment A: Board History of Prior Board Actions.
- Attachment B: Notice of Change in Approval Status dated September 19, 2012.
- Attachment C: Program Documents Dated December 18, 2012, Received December 26, 2012.
- Attachment D: Program Documents Dated December 20, 2012, Received December 28, 2012.

Agenda Item #13.B.4., Attachment A

Medical Allied Career Center, Inc.

Board History of Prior Board Actions

- On April 12, 2005, the Executive Officer approved Medical Allied Career Center's request to begin a vocational nursing program with an initial class of 15 students commencing September 11, 2006, only; and approved the program curriculum for 1,554 hours, including 594 theory and 960 clinical hours.
- On September 11, 2006, the Board approved a postponement of the starting date for the first class from September 11, 2006, until October 9, 2006. The revised graduation date of this initial class will be October 26, 2007.
- On October 22, 2007, the Executive Officer approved full accreditation for Medical Allied Career Center, Vocational Nursing Program for the period October 22, 2007, through October 21, 2011, and issued a certificate accordingly. Additionally, the following program requests were approved.
 1. Approved admission of a full-time **replacement** class for students graduating October 26, 2007, with 30 students to start on October 29, 2007, with an anticipated graduation date of November 20, 2008.
 2. Approved admission of a full-time additional class of 30 students to start on April 7, 2008, with an anticipated graduation date of April 30, 2009.

Subsequently, the start date of this class was delayed until July 14, 2008 due to low enrollment.

- On October 8, 2008, the Executive Officer approved the program's request to admit 30 part-time students on October 24, 2008, only, with an anticipated graduation date of May 30, 2010 **and** approved the request to admit a class of 30 full – time students on November 17, 2008 only, with an anticipated graduation date of December 11, 2009, to **replace** a graduating class.

Commencement of the October 24, 2008 class was delayed until February 9, 2009, due to low enrollment.

- On April 21, 2009, the Board notified the director electronically that the Medical Allied Career Center Vocational Nursing Program's pass rates had fallen below 10 percentage points of the state average pass rates. The consultant encouraged a careful review of the program curriculum and instructional methods in an effort to improve the pass rates.
- On August 19, 2009, the Board notified the director that the program's average annual pass rates had fallen more than ten (10) percentage points below state average annual

pass rates for four (4) consecutive quarters. The director was requested to submit a written plan for improving the pass rates.

- On September 17, 2009, the Board received correspondence from the director detailing the program's plan to improve its pass rates.
- On September 23, 2009, the assigned consultant contacted the school to explain computation of the annual pass rates.
- On November 4, 2009 the Executive Officer denied the program's request, to admit 30 full-time students on November 16, 2009, with an anticipated graduation date of December 17, 2010, to **replace** students who graduated October 16, 2009. Additionally, the Executive Officer denied the program's request, to admit 30 full-time students on April 12, 2010, with an anticipated graduation date of May 13, 2011, to **replace** students scheduled to graduate March 5, 2010.

The Executive Officer approved the program's admission of 15 full – time students on November 16, 2009 only, with an anticipated graduation date of December 17, 2010, to **replace** students who graduated October 16, 2009. Additionally, the Executive Officer approved the program's admission of 15 full – time students on April 12, 2010 only, with an anticipated graduation date of May 13, 2011, to **replace** students scheduled to graduate March 5, 2010.

- On August 10, 2010, the Board received program correspondence documenting the effect of the submitted plan to improve program pass rates. Additionally, the director advised that the scheduled November 16, 2009 commencement of a full – time class of 15 students had been delayed to April 12, 2010. The scheduled April 12, 2010 commencement of a full – time class of 15 students will be delayed to October 18, 2010.
- On September 16, 2010, the Board placed Medical Allied Career College, Santa Fe Springs, Vocational Nursing Program on provisional accreditation for the two-year period from September 16, 2010, through September 30, 2012, and issued a notice to the program to identify specific areas of non-compliance and requirements for correction as referenced in Section 2526.1 (e) of the California Code of Regulations.

Additionally, the program was required to submit a follow-up report in 10 and 22 months but no later than July 1, 2011. The report must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.

- a. Admission Criteria.
- b. Screening and Selection Criteria.
- c. Terminal Objectives.
- d. Curriculum Objectives.
- e. Instructional Plan.
- f. Theory and Clinical Objectives for Each Course.
- g. Lesson Plans for Each Course.

- h. Textbooks.
- i. Attendance Policy.
- j. Remediation Policy.
- k. Evaluations of Theory and Clinical Faculty.
- l. Evaluations of Theory Presentations.
- m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- n. Evaluation of Student Achievement.
- o. Current Enrollment.

The program was placed on the September 2012 Board agenda for reconsideration of provisional accreditation; **and** required to comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, section 2525; **and** required to admit no additional students unless approved by the Board.

- On November 30, 2010, the Executive Officer approved Medical Allied Career College's request to admit a part-time, evening, class of 15 students on January 17, 2011, only. Graduating August 5, 2012; and, continued the program's requirement to obtain Board approval prior to admission of additional classes.
- On July 5, 2011, the Board received the program's comprehensive analysis.
- On July 24, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider by August 3, 2012.
- On July 24, 2012, correspondence was sent to the program by electronic communication and certified and regular mail, notifying the program that the submitted documents relevant to the comprehensive analysis were inadequate as received. A complete comprehensive analysis is due to the Board on October 1, 2012.
- On July 25, 2012, the Board received a three (3) page letter relevant to actions the program has taken to increase their licensure pass rates.
- On August 2, 2012, the program director submitted eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On August 3, 2012, the Board was notified of the director's termination.
- **On August 6, 2012, the Board approved a new director.**
- On September 6, 2012, the Board extended Provisional Approval for Medical Allied Career Center's for a one (1) year period from September 6, 2012, through September 30, 2013, and issue a notice to the program to identify specific areas of noncompliance and requirements for correction as referenced in Section 2526.1 (e) of the California

Code of Regulations; **and**, denied Medical Allied Career Center's request to admit a part-time, evening class of 15 students commencing November 5, 2012, graduating June 29, 2014. This class would have **replaced** a class that graduated October 7, 2011; **and**, denied the program's request to admit a full-time, class of 15 students commencing on February 4, 2013, graduating on April 20, 2014. This class would have **replaced** the class scheduled to graduate December 2, 2012; **and**, required the program to increase its average annual pass rate to no more than ten (10) percentage points below the state average annual pass rate; **and**;

Required the program to submit a follow-up report in one (1) month, but no later than **October 1, 2012**, and nine (9) months, but no later than **June 1, 2013**. The report must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, a timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.

- a. Admission Criteria.
- b. Screening and Selection Criteria.
- c. Terminal Objectives.
- d. Curriculum Objectives.
- e. Instructional Plan.
- f. Theory and Clinical Objectives for Each Course.
- g. Lesson Plans for Each Course.
- h. Textbooks.
- i. Attendance Policy.
- j. Remediation Policy.
- k. Evaluations of Theory and Clinical Faculty.
- l. Evaluations of Theory Presentations.
- m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- n. Evaluation of Student Achievement.
- o. Current Enrollment; **and**,

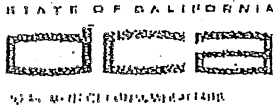
Required the program to comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526; **and**,

Required the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's accreditation; **and**, advised the program that failure to take any of these corrective actions may cause the full Board to revoke the program's accreditation; **and**, required the program to admit no additional classes without prior approval by the full Board; **and**, Place the program on the **September 2013** Board agenda for reconsideration of provisional approval.

- On December 13, 2013, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider by December 28, 2012.

- On December 26, 2012, the program submitted a comprehensive analysis as required in Board actions dated September 6, 2012 above.
- On December 28, 2012, the director submitted eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider.

Agenda Item #13.B.4., Attachment B



STATE AND CONSUMER SERVICES AGENCY • GOVERNMENT EMPLOYMENT DIVISION
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CERTIFIED MAIL

September 19, 2012

Alfie Ignacio, B.S., R.N.
Director, Vocational Nursing Program
Medical Allied Career Center
12631 East Imperial Highway, Bldg. D108
Santa Fe Springs, CA 90670

Subject: Notice of Change in Approval Status

Dear Mr. Ignacio:

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on September 6, 2012, the Board extended provisional approval of Medical Allied Career Center Vocational Nursing Program for a one (1) year period from September 6, 2012 through September 30, 2013.

The purpose of this letter is to explain the areas of non-compliance found and the corrections required of your program to avoid losing approval completely.

Once you have reviewed this letter, please sign and return the enclosed "Acknowledgement of Change in Approval Status" form by Friday, September 28, 2012.

AREAS OF NON-COMPLIANCE [VIOLATION(S)]

In accordance with Section 2526.1(c) of title 16 of the California Code of Regulations,

"The Board may place any program on provisional accreditation when that program does not meet all requirements as set forth in this chapter and in Section 2526..."

Section 2530(l) of title 16 of the California Code of Regulations states:

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period..."

The program pass rates of the Medical Allied Career Center Vocational Nursing Program for the past seventeen (17) quarters are set forth in the following table.

| NCLEX-PN® Licensure Examination Pass Rates | | | |
|--|--------------------------------|----------------------------------|--|
| Quarter | State Annual Average Pass Rate | Program Annual Average Pass Rate | Variance from State Annual Average Pass Rate |
| Apr - Jun 2008 | 75% | 67% | -8 |
| Jul - Sep 2008 | 74% | 33% | -41 |
| Oct - Dec 2008 | 73% | 33% | -40 |
| Jan - Mar 2009 | 72% | 0% | -72 |
| Apr - Jun 2009 | 70% | 13% | -57 |
| Jul - Sep 2009 | 72% | 25% | -47 |
| Oct - Dec 2009 | 73% | 36% | -37 |
| Jan - Mar 2010 | 74% | 31% | -43 |
| Apr - Jun 2010 | 75% | 44% | -31 |
| Jul - Sep 2010 | 75% | 50% | -25 |
| Oct - Dec 2010 | 76% | 57% | -19 |
| Jan - Mar 2011 | 77% | 67% | -10 |
| Apr - Jun 2011 | 76% | 67% | -9 |
| Jul - Sep 2011 | 74% | 60% | -14 |
| Oct - Dec 2011 | 75% | 33% | -42 |
| Jan - Mar 2012 | 74% | 25% | -49 |
| Apr - Jun 2012 | 74% | 33% | -41 |

Based on this data, the program failed to meet the average annual pass rate requirement.

REQUIRED CORRECTION(S)

1. The program shall increase its average annual pass rate to no more than then (10 percentage points below the state average annual pass rate.
2. The program shall admit no additional classes without prior approval by the full Board.
3. The program shall submit a follow-up report in one (1) month, but no later than **October 1, 2012**, and nine (9) months, but no later than **June 1, 2013**. The report must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, a timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.
 - a. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Terminal Objectives.
 - d. Curriculum Objectives.
 - e. Instructional Plan.
 - f. Theory and Clinical Objectives for Each Course.
 - g. Lesson Plans for Each Course.
 - h. Textbooks.
 - i. Attendance Policy.

- j. Remediation Policy.
 - k. Evaluations of Theory and Clinical Faculty.
 - l. Evaluations of Theory Presentations.
 - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - n. Evaluation of Student Achievement.
 - o. Current Enrollment.
4. The program shall comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.
 5. The program shall demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's accreditation.
 6. Failure to take any of these corrective actions may cause the full Board to revoke the program's accreditation.
 7. In the event additional violations of the accreditation standards are identified, such violations may result in further corrective action or revocation of provisional approval.

FUTURE BOARD ACTION

Your program will be placed on the **September 2013** Board Meeting agenda for reconsideration of your approval status. If you have additional information that you wish considered beyond the required corrections listed on pages 2 and 3, you must submit this documentation by the fifteenth day of the second month prior to the Board meeting.

OTHER IMPORTANT INFORMATION

Please be advised that, pursuant to the Board's regulations, the program will not be authorized to admit new classes beyond the established pattern of admissions previously approved by the Board. The established pattern of admissions approved by the Board is as follows: **Based on the above corrections, the full Board's permission will be required for each future class admission.**

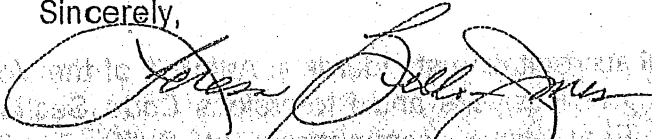
In the event your program is required to submit any report(s) as a corrective action pursuant to this notice, such reports are required in addition to any other reports required pursuant to 2527 of the Board's regulations.

The program may no longer advertise that it has full approval, and should take steps to correct any ongoing advertisements or publications in that regard.

A copy of title 16, California Code of Regulations, section 2526.1, regarding provisional approval is attached for your reference. A complete copy of the Board's laws and regulations can be found on the Board's web site at www.bvnpt.ca.gov.

Should you have questions, please do not hesitate to contact the Board.

Sincerely,



TERESA BELLO-JONES, J.D., M.S.N., R.N.
Executive Officer

Enclosure

cc: Board Members

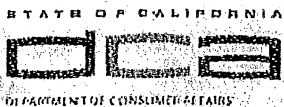
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TITLE 16
CALIFORNIA CODE OF REGULATIONS

2526.1. Provisional Approval.

- (a) Provisional accreditation means a program has not met all requirements as set forth in this chapter and in Chapter 6.5, Division 2 of the Business and Professions Code.
- (b) Provisional accreditation shall be granted for a period determined by the Board.
- (c) The Board may place any program on provisional accreditation when that program does not meet all requirements as set forth in this chapter and in Section 2526. If the program has not met all requirements at the end of the initial provisional accreditation period, provisional accreditation may be extended if the program demonstrates to the satisfaction of the Board a good faith effort to correct all deficiencies.
- (d) Any program holding provisional accreditation may not admit "new" classes beyond the established pattern of admissions previously approved by the Board. The admission pattern is defined by the number of students per class and the frequency of admissions for the six class admissions that immediately precede the Board action to consider provisional accreditation.
- (e) A program placed on provisional accreditation shall receive written notification from the Board. The notification to the program shall include specific areas of noncompliance and requirements for correction. A program's failure to correct delineated areas of noncompliance is cause for revocation of provisional accreditation.
- (f) A material misrepresentation of fact by a vocational nursing program in any information submitted to the Board is cause for revocation of provisional accreditation.
- (g) A program whose provisional accreditation has been revoked shall be removed from the Board's list of accredited programs. The status of students as potential applicants for licensure will be determined by the Board.
- (h) A program that is removed from the Board's list of accredited programs subsequent to Board action based on the program's non-compliance with applicable regulations shall not reapply to establish a vocational nursing program for a minimum period of one calendar year.



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDWIN G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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CERTIFIED MAIL

September 19, 2012

Alfie Ignacio, B.S., R.N.
Director, Vocational Nursing Program
Medical Allied Career Center
12631 East Imperial Highway, Bldg. D108
Santa Fe Springs, CA 90670

Subject: Board Meeting Follow – Up

Dear Mr. Ignacio:

The Board of Vocational Nursing and Psychiatric Technicians (Board) considered the consultant's report relative to **Medical Allied Career Center Vocational Nursing Program – Reconsideration of Provisional Approval; Consideration of Request to Admit Students**, at its September 6, 2012 meeting.

Decisions rendered by the Board included, but were not limited to, the following:

1. Deny the Medical Allied Career Center Vocational Nursing Program's request to admit a part – time evening class of 15 students commencing November 5, 2012, graduating June 29, 2014. That class would **replace** a class that graduated October 7, 2011.
2. Deny the program's request to admit a full – time class of 15 students commencing February 4, 2013, graduating on April 20, 2014. June 29, 2014. That class would **replace** a class that is scheduled to graduate December 2, 2012.
3. Require the program to admit no additional classes without prior approval by the full Board.

Rationale: The program was placed on provisional approval for a two (2) year period at the September 16, 2010 Board meeting. **At that time, the program's average annual pass rate was 44%.** Leading up to the quarter in which the 44% was recorded, the program had 7 consecutive quarters of significantly low pass rates, ranging from 0% to 44% below the state average annual pass rate.

Subsequent to the September Board meeting the program increased its licensure pass rate to 67% over a four (4) quarter period which

encompassed the latter half of 2010 and the first two (2) quarters of 2011. Since the first two (2) quarters of 2011, the program's average annual pass rates have decreased from 67% to 60% and further fell to 33% and then 25%. For the most recent reporting period, the program's **average annual pass rate rose by eight (8) percentage points to 33%. The current quarter pass rate is 67%.** The program's declining average annual pass rates support the recommendation to extend the program's provisional approval. The program's quarterly pass rate for Quarter 2 2012 show improvement to 67%; and an improved average annual pass rate of 33%. However, it must be noted that the current average annual pass rate is eleven (11) percentage points less than when the program was placed on provisional approval.

In summary, of the 17 quarters of licensure data for the program, **14 of the 17 quarters** are significantly **below** the state average annual pass rate. Currently, 33 students are enrolled in classes at Medical Allied Career Center.

Seven (7) of the 33 students are expected to graduate in December 2012. As such, licensure data is expected to be available approximately late **July 2013**. A class of 13 will graduate in May 2013. Licensure data is expected to be available, at the earliest, **October 2013**. The last 13 students are expected to graduate in July 2013. The earliest licensure data for this group will be available is **February 2014**.

As a condition of provisional approval on September 16, 2010, the program was required to submit a comprehensive analysis, including specific actions taken to improve program pass rates, a timeline for implementation, and the effect of employed interventions. Documents submitted by the program on July 5, 2011 and June 28, 2012 related to the comprehensive analysis, were inadequate as presented. In addition, communication with the prior director was. The director appears to have been rarely on campus when the Board called and responses to emails were sporadic.

On July 24, 2012, the NEC sent a letter via electronic and certified mail to the director identifying the deficiencies in the comprehensive analysis and identified the failure of the director to consistently communicate with the Board. On July 25, 2012, the Board received a three (3) page document identifying actions the program is taking to increase their licensure pass rates and documents previously requested relevant to preparation of this Board report. Additionally, the director assured the NEC he would be responsive to Board communication.

During a review of documents submitted by the director, it was identified that the program admitted a class without prior Board

approval. The unapproved admission occurred subsequent to the program's placement on provisional approval on September 16, 2010.

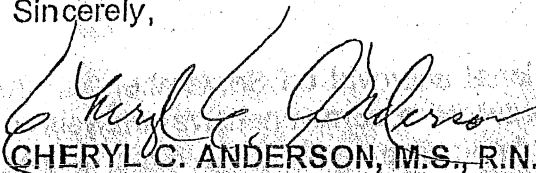
The Board is concerned with the program's licensure performance since being placed on provisional approval and the program's failure to comply with Board requests. Further, the admission of an unapproved class is a flagrant disregard of the California Rules and Regulations. On August 6, 2012, the Board approved a new program director. Given the foregoing violations, extension of the program's provisional approval and denial of the requests to admit additional classes seems prudent.

Board staff will continue to monitor the program by tracking its licensure examination pass rate each quarter, reviewing Annual Reports submitted by the director, and performing accreditation surveys every four years.

The *Notice of Provisional Approval* is enclosed. This document identifies specific areas of noncompliance and required corrections. It is recommended that you review this document in its entirety. Additionally, the program's *Certificate of Provisional Approval* is enclosed. These documents should be retained in your official files. The attached Acknowledgement Form should be completed and returned by **Friday, September 28, 2012.**

Please contact the Board should further clarification be needed.

Sincerely,



CHERYL C. ANDERSON, M.S., R.N.

Supervising Nursing Education Consultant

Enclosures



STATE AND COLLEGE SERVICES AGENCY • GOVERNOR EDMOND G. BROWN, JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945
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DATE: September 19, 2012

TO: Education Division

FROM: Medical Allied Career Center Vocational Nursing Program

SUBJECT: *Acknowledgement of Receipt of Board Meeting Follow – Up Materials*

I, hereby acknowledge receipt of the following documents with attachments memorializing Board decisions rendered at the September 6, 2012 Board Meeting.

➤ ***Medical Allied Career Center Vocational Nursing Program.***

1. Correspondence Documenting Board Decisions
2. *Notice of Provisional Approval.*
3. California Code of Regulations Excerpt Section 2526.1. Provisional Approval.
4. *Certificate of Provisional Approval.*

Please sign and fax the ***Acknowledgement of Receipt of Board Meeting Materials*** to the Board at (916) 263-7866 by Friday, September 28, 2012.

(Signature, Director)

(Date)

Name of Program: _____

***Please complete this form and fax to the Board at
(916) 263-7866 by Friday, September 28, 2012.***

**CERTIFICATE OF PROVISIONAL APPROVAL**

for

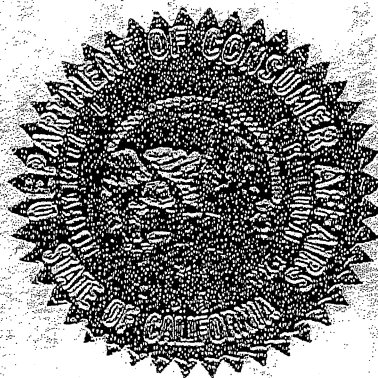
***Medical Allied Career
Vocational Nursing Program***

This document reflects that the Board of Vocational Nursing and Psychiatric Technicians (Board) has provisionally approved the above-named program pursuant to Article 5 of the Vocational Nursing Practice Act and the Board's Rules and Regulations. A copy of documents related to the provisional approval may be obtained by contacting the Board at the address above. A candidate's completion of an approved vocational nursing program is partial fulfillment of requirements for the vocational nurse licensure examination.

Effective: September 6, 2012**Expires: September 30, 2013**

A handwritten signature in black ink, reading 'Todd D'Braunstein'.

Todd D'Braunstein, P.T.
President



A handwritten signature in black ink, reading 'Teresa Bello-Jones'.

Teresa Bello-Jones
Executive Officer



STATE AND CONSUMER SERVICE AGENCY • GOVERNOR JIMMYE G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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DECLARATION OF SERVICE BY MAIL

Program Name: Medical Allied Career Center

Program Director: Alfie Ignacio **Email Address:** aignacio@continuecpr.com

Address: 12631 E. Imperial Highway, Building D108 Santa Fe Springs, CA 90670

I declare:

I am employed in the County of Sacramento, California, I am over the age of 18, and not a party to the within action. My business address is 2535 Capitol Oaks Drive, Suite 205, Sacramento, California 95833-2945.

On September 20, 2012, I served the following document(s) described as: Notice of Change in Approval Status & certificate

By causing to be delivered a true and correct copy thereof to the addressee(s) as follows:

 X VIA U.S. MAIL:

By placing a copy in each of two separate sealed envelopes with postage thereon fully prepaid and causing them to be deposited in the mail at Sacramento, California for delivery by way of Certified Mail and First Class Mail.

Certified Mail Number: 7011 2000 0000 5159 9033

 VIA PERSONAL SERVICE:

I myself, or a designated courier, delivered such document(s) by hand to the offices of the addressee.

 VIA FACSIMILE:

Such document(s) were transmitted to the facsimile number(s) listed above. The facsimile machine I used was in working order and no communication or delivery error was reported by the machine.

 VIA ELECTRONIC TRANSMISSION:

I caused the documents to be sent to the persons at the e-mail address listed above. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that my transmission was unsuccessful.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration was executed at Sacramento, California on September 20, 2012.

Melinda Collins
(Typed Staff Name)

Melinda Collins 9/20/12
(Staff Signature)

Medical Allied Career Center, Inc.

12631 Imperial Highway, Bldg. D- Suite 108

Santa Fe Springs, CA 90670

Office: (562) 807-2420 Fax: (562) 807-2421

BVNPT Report *edu*
on *12/26/12* *MC*

December 18, 2012

Pam Hinckley, R.N., M.S.N.
Nursing Education Consultant
Board of Vocational Nursing & Psychiatric Technicians
2325 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833

Dear Ms. Hinckley:

A comprehensive analysis of the nursing program of Medical Allied Career Center is presented to you for review. The model used to guide the analysis and evaluation of the program is the Baldrige Model, a comprehensive evaluation system based on the recommendations of the Malcolm Baldrige National Quality Program (Baldrige.com, 2011). The model includes a very comprehensive assessment of an organization or program including leadership, stakeholders, processes, structures, and outcomes. The Baldrige model has been used primarily in the areas of health care and education. Figure 1 shows how various components of the organization or program are assessed, and ultimately improved using this model.

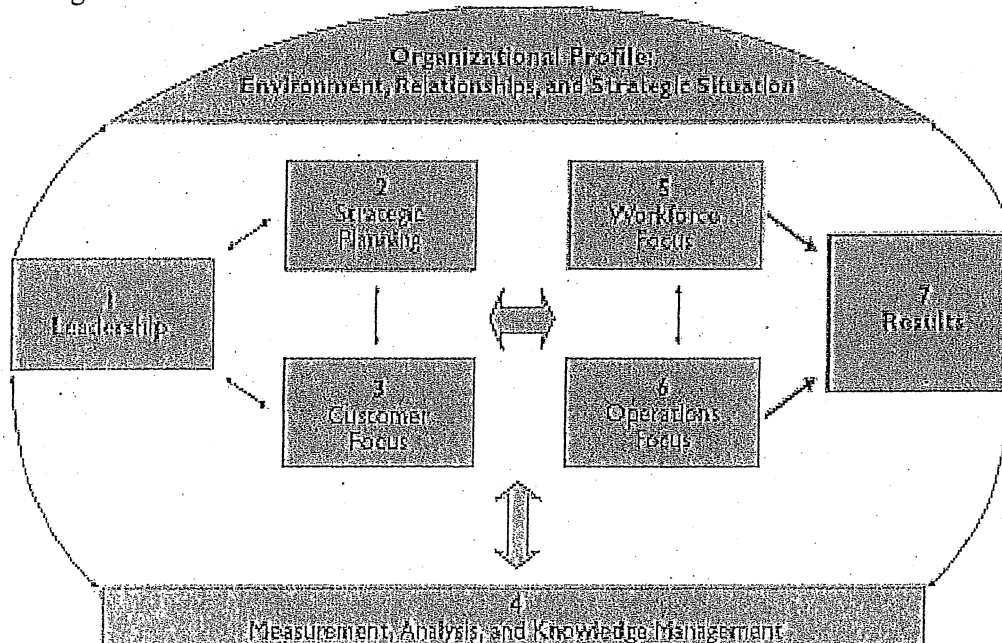


Figure 1. Education Criteria for Performance Excellence (Baldrige, 2011-2012).

According to Keating (2006) leadership is important to assess to ensure that schools move in the direction that is compatible with faculty values. Strategic planning ensures that the nursing program moves in the same direction as the school and that the objectives are well described and measurable. Students, workforce, and other stakeholders are important in the success of the organization. Faculty and staff support contribute to the overall success of a nursing program as students interact with various resources and workforce of the school to obtain information related to progression and successful completion of the program of study. The process management or operational focus of the model incorporates the course curriculum including design, sequencing and delivery of course material. The results or outcomes include NCLEX pass rates, and satisfaction of faculty, staff, and students. Each component of the Baldrige Model interacts with the others to form a complete system.

The Baldrige model is useful in providing a tested framework for institutions in the process of systematic assessment and improvement through change initiatives. The model helps to align and integrate processes and synthesizes the important performance indicators across an organization (Furst-Bowe and Bauer, 2007). The components of the model include constructs that are specific to an organization such as leadership, strategic planning, human resource, customer, results, and process management. The model provides a comprehensive guide in evaluating programs within an organization.

Several problems and gaps have been identified in the MACC's nursing program and as a result, changes have been made on the various components of the program. The following problems and changes are presented to the Board including the rationale for making the changes to improve MACC's nursing program and NCLEX pass rate. Policies and procedures were reviewed as part of the process. Class observations were conducted to evaluate adherence of instructors to school policies and procedures. Faculty, students, staff and administration were interviewed to provide input to the analysis of the program as well.

The comprehensive analysis of our program is attached. If you need additional information or clarification please let us know.

Respectfully,



Alfie Ignacio MSN, RN, ACNS-BC, FNP-BC, CEN, PHN, CFRN, CCRN
Director of Nursing – VN Program
Medical Allied Career Center



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COMPREHENSIVE ANALYSIS OF THE NURSING PROGRAM OF MACC

After careful review of the nursing program of MACC, the following problems and gaps have been identified and as a result, changes have been made on the various components of the program. The following problems and changes are presented to the Board including the rationale for making the changes to improve MACC's nursing program and NCLEX pass rate. Policies and procedures were reviewed as part of the process. Class observations were conducted to evaluate adherence of instructors to the school policies and procedures. Faculty, students, staff and administration were interviewed to provide input to the analysis of the program as well. The following components have been analyzed and addressed.

- A. Evaluation of Theory and Clinical Faculty
- B. Evaluation of Theory Presentations
- C. Terminal Objectives
- D. Curriculum Objectives
- E. Admission Criteria
- F. Screening and Selection Criteria
- G. Evaluation of Student Achievement
- H. Current Enrollment
- I. Instructional Plan
- J. Theory and Clinical Objectives of Each Course
- K. Lesson Plans for Each Course
- L. Attendance Policy
- M. Remediation Policy
- N. Textbooks
- O. Evaluation of Clinical Rotations and Their Correlation to Theory Presentations

I. Leadership

A. Evaluation of Theory and Clinical Faculty:

PROBLEMS IDENTIFIED: Instructors were not well supervised in clinical and classroom and some were not following the instructional plan. There is lack of leadership within the organization to direct new and experienced faculty in classroom management. The Director of Nursing (DON) did not discuss the students' evaluations of theory and clinical instructors as part of the instructor's performance evaluation plan.



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| Actions Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|---|---|---|
| <ul style="list-style-type: none">• A more comprehensive evaluation form was developed to identify areas of strengths and weaknesses of faculty related to teaching effectiveness. Student evaluations of Faculty will be shared by the DON as part of annual evaluation performance and to emphasize faculty opportunities for improvement.• New instructors will be evaluated by the Director of Nursing on the 1st month of employment and annually thereafter. The DON will evaluate current instructors every year.• The DON will have unannounced or surprised visits in classroom and clinical to evaluate instructor performance in both settings. | <ul style="list-style-type: none">• The DON or designee will administer faculty evaluation from the students after each completion of subject or course.• A 30-day and annual evaluation of instructors was started Oct 1, 2012. | <ul style="list-style-type: none">• DON will evaluate consistency of faculty evaluations (theory and clinical) and share results to the instructor at the end of each course. |

B. Evaluation of Theory Presentations

PROBLEM IDENTIFIED: Some instructors were not prepared to teach the class and are lacking technological skills of presentation. In addition, students have commented that some instructors are reading their PowerPoint slides.

| Action Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|--|--|---|
| <ul style="list-style-type: none">• Faculty will have a monthly in-service on teaching effectiveness which will be presented by the DON and/or instructors to employ methods of teaching that will | <ul style="list-style-type: none">• In-service on educational methods, testing, teaching effectiveness, and use of information | <ul style="list-style-type: none">• Outcome will be measured within 6 months of implementation. |



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| <p>increase knowledge retention of students.</p> <ul style="list-style-type: none">• Instructors were encouraged to familiarize with the technology as a means to deliver presentation and seek guidance from other instructors or DON regarding the use of multimedia presentation.• The DON will continue to monitor instructors and conduct surprise visits in the classroom to evaluate theory presentations, and provide feedback to the instructor to improve methods of teaching. | <p>technology has started Oct 2012 and will continue monthly thereafter.</p> | |
|---|--|--|

II. Strategic Planning

A. Terminal Objectives

PROBLEM IDENTIFIED: The terminal objectives were appropriate and measurable. However, a comprehensive skills checklist was lacking to ensure mastery of student skills at the end of the program. Instructors were not consistently evaluating students of their skill level as students go through the program. Moreover, graduate students were not prepared to take the NCLEX as evidenced by low pass rate.

| Action Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|--|---|--|
| <ul style="list-style-type: none">• Developed a comprehensive skills checklist to meet the terminal objectives related to physical examination, medication administration, and provision of holistic care to patients. At the end of the | <ul style="list-style-type: none">• Clinical instructors started implementing the comprehensive VN skills checklist Oct 1, 2012.• Simulation in-service conducted last Oct. 9, | <ul style="list-style-type: none">• NCLEX pass rate for each graduating class will be evaluated to monitor the effect of |



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| <p>program, the student will complete the VN skills checklist with their instructor.</p> <ul style="list-style-type: none">• Innovative strategies of education such as simulation will be included to attain the terminal objectives of the program. Instructors were in-serviced on simulation.• More HESI exams were added to prepare students to pass the board exam. HESI passing score was increased from 850 to 900 as a requirement to take the NCLEX exam• The ATI comprehensive exit exam passing score was increased. Students must obtain a score that correlates with a 95% probability that the student will pass the NCLEX-RN examination. The score that correlates with a 95% is a 74.7% on the assessment. | <p>2012 during the staff meeting.</p> | <p>intervention.</p> |
|--|---------------------------------------|----------------------|

B. Curriculum Objectives

PROBLEM IDENTIFIED: Curriculum objectives are specific, attainable, and well written. However, during my interview with the students, I was told that the syllabi for the courses in the curriculum were not consistently given to the students at the beginning of the course. Students were confused which topic they need to prepare or which chapters to read because of lack of schedule/itinerary.

| Action Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|---|--|--|
| <ul style="list-style-type: none">• Course syllabus and itinerary will be given to the students | <ul style="list-style-type: none">• Course syllabi and itinerary | <ul style="list-style-type: none">• NCLEX pass rates will be |



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| prior to start of the course/term so that students know which topics to discuss and chapters to read. | will be given to the students at the beginning of the program. | evaluated quarterly. |
|---|--|----------------------|

III. Customer Focus

A. Admission Criteria

PROBLEM IDENTIFIED: The minimum requirements for admission to the program are appropriate. TEAS V Exam is utilized as an entrance examination for admission to the program. However, consistent and thorough evaluation of applicants must be completed to determine readiness for admission to the program. No formal interview form was used to interview students.

| Action Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|---|--|--|
| <ul style="list-style-type: none">• A formal interview form was developed to assess communication, decision-making skills, and behaviors indicating readiness to enter the program. The DON will conduct interviews of students prior to admission.• Continue to require High school graduate, GED, or its equivalent. Admissions counselor will check from the Department of Education website to ensure legitimacy of school attended.• Entrance test (TEAS V) will be continued as part of the admission criteria. | <ul style="list-style-type: none">• Formal interview with the DON will start with the new batch.• Admission counselor will check student's credentials and requirements consistently prior to admission to the program. | <ul style="list-style-type: none">• DON will be able to assess the readiness of students prior to start of the program |



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B. Screening and Selection Criteria

PROBLEM IDENTIFIED: Screening and selection criteria are appropriate. However, to increase likelihood of students successfully completing the nursing program and passing the NCLEX, students with nursing or medical background will be given preference.

| Action Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|---|---|--|
| <ul style="list-style-type: none">Revised screening criteria and included preference be given to students with nursing or medical background if candidates are equally competitive. | <ul style="list-style-type: none">Implementation of the Revised Screening Criteria will be implemented in the next batch. | <ul style="list-style-type: none">Will assess results in 6 months. |

C. Evaluation of Student Achievement

PROBLEM IDENTIFIED: Students were not objectively evaluated in clinical. No grade assigned for other clinical activities resulting to complacency of students and instructors in the clinical setting. Grading criteria for theory and clinical were not well discussed to the students as well. No clinical grade included in the student's transcript of records.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|---|--|---|
| <ul style="list-style-type: none">Clinical evaluation will compose of the following and graded as follows.Quiz/Drug Study/Drug Calc-20%; Case Study Presentation-20%, Nursing Care Plan-20%, Final Evaluation-40%. Total of 100%A total percentage of less than 75% = Fail, 75% or more = Pass. A clinical grade will be included in the Transcript of Records of students. | <ul style="list-style-type: none">The new Clinical Evaluation tool will be implemented in each batch with the next term.Instructors were given a month to discuss with the students the revised grading criteria. | <ul style="list-style-type: none">Outcome will be measured within 6 months of implementation. |



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| <ul style="list-style-type: none">• Instructors to discuss with students regarding criteria for evaluation so that students will understand what they are being evaluated in clinical.• A new Clinical Evaluation Form was distributed to instructors to be utilized as soon as possible for Terms 1-4 clinical rotations.• Attendance is part of theory grade and will be emphasized by the instructor at the beginning of the course. | | |
|---|--|--|

D. Current Enrollment

- ANALYSIS: The classes are small in size and instructors are able to supervise students well. There is no conflict on existing classes with regards to clinical rotation or theory. Resources are adequate for the currently enrolled classes. No major problem identified.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|---|---|---|
| <ul style="list-style-type: none">• Existing classes have limited students to allow instructors to have a better handle of the students. The classes are: Batch 2 (PT) = 10 students Batch 7 (FT) = 10 students | <ul style="list-style-type: none">• N/A | <ul style="list-style-type: none">• Resources are adequate for the number of students in class. |

IV. Workforce/Resource Focus

A. Instructional Plan

PROBLEM IDENTIFIED: The instructional plan is essential in assessing the totality of learning activities including objectives, content, teaching strategies,



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evaluative methods, and outcomes toward achievement of the overall plan of study.

- The existing instructional plan had limited hours and has not been revised for a number of years. The references were old and some contents do not reflect the current practice or new concepts of nursing. In addition, the students were having difficulty in Pharmacology stating that they needed more hours to comprehend the material.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|---|---|---|
| <ul style="list-style-type: none">• A new instructional plan was submitted to the Board. Instructional hours increased from 1554 to 1697, divided into 4 terms. Pharmacology was integrated with each disease process in Med Surg, OB, and Peds in the new instructional plan.• Instructors will be given copy of the revised instructional plan to be followed in class and clinical.• The DON will hold instructors accountable in following the instructional plan consistently. | <ul style="list-style-type: none">• The new instructional plan will be implemented on the next batch of students pending approval of the board. | <ul style="list-style-type: none">• N/A |

B. Theory and Clinical Objectives of Each Course

PROBLEM IDENTIFIED: Theory and clinical objectives were revised as part of updating the textbook/references.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|--|--|---|
| <ul style="list-style-type: none">• The new instructional plan includes theory and clinical objectives, which were submitted to the Board.• Students are given more detailed objectives per chapter | <ul style="list-style-type: none">• The new instructional plan will be implemented on the next batch of students or next | <ul style="list-style-type: none">• Outcome will be measured within 6-12 months of implementation |



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| and clinical skills needed to perform with every rotation. | term of current students pending approval of the board. | |
|--|---|--|

C. Lesson Plans for Each Course

PROBLEM IDENTIFIED: Theory and clinical objectives were revised with the adoption of the updated textbook/references. Another problem identified during surprised class visit was the inconsistent use of lesson plans by the instructors.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|--|---|---|
| <ul style="list-style-type: none">All instructors will be given a copy of the new lesson plans and are expected to adhere and utilize as such in theory and clinical.Included more emphasis with our new NCLEX test plan 2011 and more critical thinking.The DON will audit classes to ensure compliance in teaching the instructional plan and usage of lesson plans. | <ul style="list-style-type: none">The new instructional plan will be implemented on the next batch. | <ul style="list-style-type: none">Results will be measured within 6-12 months of implementation |

D. Attendance Policy

PROBLEM IDENTIFIED: The previous attendance policy allows students to incur absences to as many as 24 days a year. In addition, instructors have not enforced the attendance policy very well to the students. Students come to class and clinical late without repercussions.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|---|--|---|
| <ul style="list-style-type: none">The attendance policy was revised. Students will make | <ul style="list-style-type: none">The revised attendance | <ul style="list-style-type: none">Students are now aware of |



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| <p>up for all absences in theory and clinical including excused absences.</p> <ul style="list-style-type: none">• The DON reminded faculty to enforce the Attendance Policy consistently.• A student should accomplish a Clinical Make-up Contract for all missed days and should coordinate with the Director or secretary to check availability of clinical rotation missed. Either the Director or Admin Assistant should approve the Clinical Make-up Form before the student can do the make-up. | <p>policy started October 2012.</p> <ul style="list-style-type: none">• Instructors will be held responsible of enforcing strict adherence to attendance policy in theory and clinical. | <p>the consequences of being tardy and absent. The student will be placed on academic probation or will not be able to progress to the next term without completing their make-up. Less student absences and tardies have been noted since strict implementation of attendance policy.</p> |
|--|---|--|

E. Remediation Policy

PROBLEM IDENTIFIED: The remediation policy is not consistently being followed by instructors. A remediation form was not found.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|---|--|--|
| <ul style="list-style-type: none">• A revised remediation form was distributed to instructors during the September staff meeting. Instructors will be held responsible in enforcing the remediation policy. The instructor and student must sign the remediation form similar to an agreement. The form includes educational activities or interventions, | <ul style="list-style-type: none">• The revised remediation form was started October 2012. | <ul style="list-style-type: none">• Effect of intervention will be measured in 3-6 months. |



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| | | |
|--|--|--|
| <ul style="list-style-type: none">learning needs assessment, learning goals, and an evaluation of learning outcomes.A dedicated full time tutor will be available in school as a resource for students. | | |
|--|--|--|

V. Operations Focus

A. Textbooks

PROBLEM IDENTIFIED: Some of the textbooks are outdated.

| Action Taken to Improve And Rationale | Timeline for Implementation | Effect of Employed Intervention |
|--|---|--|
| <ul style="list-style-type: none">Administration was requested to purchase the most current textbooks to include the following:Structure and Function of the Body, 14th Edition, by Thibodeau and Patton (2011)Basic Pharmacology for Nurses, 15th Edition by Clayton, Stock, Cooper (2009)Foundations of Nursing, 6th Edition by Barbara Lauritsen Christensen & Elaine Oden Kockrow (2010)Adult Health Nursing, 6th Edition by Barbara Lauritsen Christensen & Elaine Oden Kockrow (2010)Nursing Care Plans: Nursing Diagnosis and Interventions, | <ul style="list-style-type: none">New textbooks will be utilized by the next batch. | <ul style="list-style-type: none">NA at this time. |



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| | | |
|---|--|--|
| 7 th Edition by Gulanick and Myers (2010) | | |
| <ul style="list-style-type: none">Saunders Nursing Drug Handbook 2012, 1st Edition | | |

B. Evaluation of Clinical Rotations and Their Correlation to Theory Presentations

PROBLEM IDENTIFIED: Student evaluation of clinical rotations are kept on file but not shared to all instructors. Moreover, instructors in the clinical and theory do not communicate very well. Clinical instructors were not aware which topic are the students in theory. Instructors do not have an avenue/meeting to collaborate and ensure correlation of clinical and theory presentations. No faculty meetings conducted this year not until Sept 2012.

| Action Taken to Improve And RATIONALE | Timeline for Implementation | Effect of Employed Intervention |
|---|--|---|
| <ul style="list-style-type: none">Regular Monthly Staff meetings will be held to ensure clinical and theory instructors are on the same page, and they communicate one another to allow complementary emphasis of concepts and to increase correlation of both theory and clinical.The clinical site evaluation form was revised to capture more pertinent information regarding the quality of student clinical experience. Students may fill up form anonymously to provide honest evaluation and not to feel reprimanded. | <ul style="list-style-type: none">Monthly staff meeting started September 2012.The revised clinical site evaluation form started Oct 1, 2012. | <ul style="list-style-type: none">DON will review completed clinical site evaluation forms at the end of each term.Faculty attendance will be monitored by the DON every 6 months. |

Agenda Item #13.B.4., Attachment D



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2012 DEC 27 AM 10:56

BVNPT Received *edu*
on *12/28/12* with *mc*

December 20, 2012

Pam Hinckley, R.N., M.S.N.
Nursing Education Consultant
Board of Vocational Nursing & Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833

Dear Ms. Hinckley:

MACC strives very hard to identify opportunities to improve the nursing program and increase our NCLEX pass rate. The following actions were taken to make us competitive in the community and offer an exceptional program.

1. A comprehensive analysis of the program was completed and submitted to the Board.
2. Revised and submitted an Instructional Plan based on student and faculty feedback
 - a. Increased the overall program hours from 1554 to 1697 hours
 - b. Pharmacology theory hours increased from 54 to 206 hours. Pharmacology threaded throughout the curriculum (Terms 1-4).
 - c. Med-Surg clinical hours increased from 160-176 to provide students a robust clinical background in Med-Surg.
3. Revised Admission and Screening Criteria to find the best qualified candidates.
4. Increased the number of highly qualified and approved instructors to teach the currently enrolled and future students.
5. Developed an in-house NCLEX Review Program
6. Hired a dedicated, full-time tutor to assist students in successfully completing the program.
7. Purchased more HESI case studies and practice exams to prepare students to pass the board exam. HESI passing score was increased from 850 to 900 as a requirement to take the NCLEX examination.
8. The ATI comprehensive exit exam passing score was increased to correlate to a 95% probability of passing the NCLEX exam.
9. In the process of securing additional clinical sites including Downey Health Care, LA Metro, and Centinela Hospital pending corporate approval.
10. In the process of securing an additional 2,500 sq. ft., a school expansion project for additional classrooms, skills lab, and offices.

11. Developed a Patient Simulation Laboratory to reinforce student development of skills in assessment, psychomotor activity, critical thinking, problem solving, decision-making, and collaboration.
12. Achieved 100% on our third quarter NCLEX report thereby increasing our annual average pass rate from 33.3% to 50%, we have increased our pass rate by 16.7%.

We hope that the Board will consider our request to admit students early next year based on the latest outcomes and actions we have undertaken.

Respectfully,

Alfie Ignacio

Alfie Ignacio MSN, RN, ACNS-BC, FNP-BC, CEN, PHN, CFRN, CCRN
Director of Nursing – VN Program
Medical Allied Career Center

Please complete the following ***Enrollment Data Table*** for all **Previous and Currently Enrolled** classes and for those classes that are **proposed or projected**.

School Name: MEDICAL ALLIED CAREER CENTER, INC.

| ENROLLMENT DATA | | | |
|---|-----------------------------|---|---|
| CLASS DATES | | #Students Admitted at time of class start | #Students who have graduated or are still in the class |
| List ALL classes to date. Include if FT or PT and include proposed classes | Date class will Complete | | |
| BATCH 1 FT 10-09-2006 | 10-20-2007 | 7 | 7 |
| BATCH 2 FT 10-22-2007 | 11-16-2008 | 14 | 14 |
| BATCH 3 FT 07-14-2008 | 08-07-2009 | 6 | 3 |
| BATCH 4 FT 02-09-2009 | 03-26-2010 | 8 | 7 |
| BATCH 1 PT 12-04-2009 | 08-07-2011 | 8 | 7 |
| BATCH 5 FT 04-12-2010 | 09-25-2011 | 8 | 6 |
| BATCH 2 PT 09-20-2011 Approved 12/03/2010 | 05-26-2013 | 15 | 10 |
| BATCH 6 FT 10-17-2011 Approved 11/04/2009 | 12-02-2012 | 10 | 5 |
| BATCH 7 FT 05-14-2012 NO APPROVAL | 07-07-2013 | 11 | 10 |
| BATCH 3 PT 03-04-2013 PROPOSED CLASS Replacement for class graduated 08/07/2011 | 10-19-2014 | 20 PROPOSED | 20 PROPOSED |
| BATCH 8 FT 03-04-2013 PROPOSED CLASS Replacement for class graduating 12/02/2012 | 04-04-2014 | 20 PROPOSED | 20 PROPOSED |

Signature: Alfie Ignacio DNP, MSN, RN, CNS Date: NOV 30, 2012



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LIST OF VN INSTRUCTORS APPROVED As of 11/01/2012

| NAME OF INSTRUCTORS | DATE APPROVED |
|-----------------------------|------------------------------|
| 1. PHILLIP MILLER | 06/15/2005 |
| 2. ELIZABETH GERBER | 12/15/2005 |
| 3. SALVACION AGNES LICLICAN | 08/07/2008 |
| 4. MAGDALINA BELLIS | 05/20/2010 |
| 5. PAULETTE EVANUSKA | 04/12/2011 |
| 6. DISMUS IRUNGU | 08/09/2011 |
| 7. JOHN NORRIS III | 08/15/2011 |
| 8. LYNDA SCOTT | 03/12/02012 |
| 9. SYLVIA SADANG | 04/11/2012 |
| 10. JANICE ZILABBO | 06/21/2012 |
| 11. ALFIE IGNACIO | 06/25/2012 08/06/2012 DON |
| 12. EMILIA RIVAS | 09/14/2012 |
| 13. AIDA E. CARA | 10/16/2012 |



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LIST OF APPROVED CLINICAL SITES

As of 11/01/2012

| NAME OF CLINICAL SITES | DATE APPROVED |
|--|------------------------------|
| 1. Bellflower Medical Center | 03/07/2006 FT/ 08/15/2008 PT |
| 2. Community Hospital of Huntington Park | 08/03/2010 PT/ 08/17/2010 FT |
| 3. East Los Angeles Doctors Hospital | 08/17/201 for both FT & PT |
| 4. Los Angeles Community Hospital of Los Angeles | 12/21/2005 FT/ 07/22/2008 PT |
| 5. Los Angeles Community Hospital of Norwalk | 12/21/2005 FT/ 0717/2008 PT |

Faculty/Student Clinical Assignments

Complete for all currently enrolled and all proposed students.

Use data for your faculty and facilities that will accurately document the status on the first clinical day for your proposed students.

Tool: Medical Allied Career Center, Inc.

| Faculty name | Assigned facility | # of Students Allowed/ Instructor | # of Students Actually in Group | Level of students being taught | Days of Clinical Experience | Time of Clinical Experience | Pre-conference Time | Post-conference Time |
|--|--------------------|-----------------------------------|---------------------------------|--------------------------------|-----------------------------|-----------------------------|-------------------------|-------------------------|
| BATCH 8 FT - PROPOSED Replacement for class graduating 12/02/2012 Start 03/04/2013 - End 04/04/2014 | | | | | | | | |
| A. Cara, RN | LA Community | 10 | 10 | Fundamental Term I | 04/09/13 Tues/Wed | 0645-1530 | 0645-0715 30 minutes | 1500-1530 30 minutes |
| E. Rivas, LVN | East LA Doctors | 10 | 10 | Fundamental Term 1 | 04/09/13 Tues/Wed | 0645-1530 | 0645-0715 30 minutes | 1500-1530 30 minutes |
| | | | | | | | | |
| BATCH 7 FT - Current Start 05/14/2012 - End 06/14/2013 | | | | | | | | |
| S. Sadang, RN | Bellflower Medical | 10 | 10 | Maternity Term III | 03/18/13 Thurs./Fri. | 0645-1530 | 0645-0715 30 minutes | 1500-1530 30 minutes |
| | | | | | | | | |
| BATCH 3 PT - PROPOSED Replacement for class graduated 07/07/2011 Start 03/04/2013 - End 10/19/2014 | | | | | | | | |
| P. Evanuska, RN | LA Community | 10 | 10 | Fundamental Term 1 | 05/19/13 Sun | 0645-1930 | 0645-0715 30 minutes | 1900-1930 30 minutes |
| J. Zilabbo, RN | East LA Doctors | 10 | 10 | Fundamental Term 1 | 05/19/13 Sun | 0645-1930 | 0645-0715 30 minutes | 1900-1930 30 minutes |
| | | | | | | | | |
| BATCH 2 PT - Current Start 09/20/2011 - End 05/05/2013 | | | | | | | | |
| P. Evanuska, RN | Norwalk Community | 10 | 10 | Maternity Term III | 12/18/12 Sat/Sun | 0645-1530 | 0645-0715 30 minutes | 1500-1530 30 minutes |

Maternity and Pediatric Tracking Form

Medical Allied Career Center

The purpose of this form is to delineate the program's presentation of theory instruction and clinical experience in Maternity Nursing and Pediatric Nursing to enrolled students and to ensure that every student receives the number of hours of theory instruction and clinical training consistent with the Board - approved curriculum.

List each student assignment for Maternity Nursing and Pediatric Nursing. Include both theory instruction and clinical experience, according to the program's instructional plan. Fill in the corresponding week of theory instruction and clinical experience from the program's instructional plan (IP). Modify the form as needed to show the number of students you are requesting and the number of weeks in your terms.

| Students | OB | IP Wk # 61 | IP Wk # 62 | IP Wk #63 | IP Wk #64 | | PEDS | IP Wk # 65 | IP Wk # 66 | IP Wk # 67 | IP Wk # 68 |
|-----------------------------------|----------------------------------|---------------------------|---------------|--------------|--------------|--|----------------------------------|-------------------|---------------|---------------|---------------|
| 03/04/2013 VN – PT PROPOSAL | 06/02/14 – 06/29/14 Sat./Sun. | | | | | | 06/30/14 – 07/27/14 Sat./Sun. | | | | |
| 1. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 2. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 3. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 4. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 5. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 6. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 7. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 8. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 9. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 10. | | Bellflower Medical Center | → | → | → | | | LA Community Hosp | → | → | → |
| 11. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 12. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 13. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 14. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 15. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 16. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 17. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 18. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 19. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |
| 20. | | East LA Doctors | → | → | → | | | East LA Doctors | → | → | → |

Maternity and Pediatric Tracking Form

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List each student assignment for Maternity Nursing and Pediatric Nursing. Include both theory instruction and clinical experience, according to the program's instructional plan. Fill in the corresponding week of theory instruction and clinical experience from the program's instructional plan (IP). Modify the form as needed to show the number of students you are requesting and the number of weeks in your terms.

| Students | OB | IP Wk # 40 | IP Wk # 41 | IP Wk # 42 | | PEDS | IP Wk # 43 | IP Wk # 44 | IP Wk # 45 |
|-----------------------------------|--|---------------------------|---------------|---------------|--|--|-------------------|---------------|---------------|
| 03/04/2013 VN - FT PROPOSAL | 01/06/14 - 01/24/14 Tues./Wed./Thurs. | | | | | 01/29/14 - 02/14/14 Tues./Wed./Thurs. | | | |
| 1. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 2. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 3. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 4. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 5. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 6. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 7. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 8. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 9. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 10. | | Bellflower Medical Center | → | → | | | LA Community Hosp | → | → |
| 11. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 12. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 13. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 14. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 15. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 16. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 17. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 18. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 19. | | East LA Doctors | → | → | | | East LA Doctors | → | → |
| 20. | | East LA Doctors | → | → | | | East LA Doctors | → | → |